

His Excellency, Mr. Tedros, honorable minister of Ethiopia, your excellencies, ministers from across the globe, Madame Margaret Chan, senior officers, honorable ambassadors, ladies and gentlemen.

At the outset, I would like to thank the U.S. secretary of state, Madame Hillary Clinton, for the warm personnel invitation to represent the government of India in convening a child survival call to action, to raise global awareness on child survival challenges, celebrate the 70 percent reduction in child mortality for the past half century and establish a global roadmap to end the preventable child deaths in a generation.

I would also like to acknowledge the role played by other member partners of the steering committee – from Norway the United Kingdom, Canada, UNICEF, the World Health Organization and the United Nations' secretary general, and particularly Madame Clinton and Kathleen Sebelius in putting together this initiative with the support health minister of Ethiopia, Mr. Tedros.

Ladies and gentlemen, India is indeed honored to co-convene this global call to action on child survival jointly with the United States of America and Ethiopia.

On this momentous occasion, let me thank government representatives, international agencies, experts, civil society and NGOs for being present today. I'm sure that each one of you is in a unique position to make a difference in the lives of children.

It saddens me that every year more than 7.5 million children around the globe die before fifth – before their fifth birthday despite the fact that most of these deaths are preventable with simple and cost-effective interventions. It is time that we rise to the occasion and get into a mission mode with a sense of urgency to prevent such deaths.

Excellencies, for the next two days we'll reflect on many initiatives that countries are taking to save their children from dying. We'll share the many lessons that we have learned in the process and decide new ways in which we can move forward to protect and promote children's right to life.

For India, the challenge is particularly formidable constantly though we are the second most populous country, with one-point billion population in the world. We have the largest annual birth rate 26 million babies.

Due to a wide area of geographical climate and socio-cultural conditions, we have also the additional challenge of dealing with significant sub-national disparities. However, we have been able to make steady progress.

In 1990, when the global under-5 mortality rate was 88 per 1,000 live births, India carried a much higher burden of child mortality at 118 per 1,000 live births. In 2010, we had a child mortality rate that almost equals the global average. Though the annual rate of declining child

mortality rate was 2.2 percent during the period 1990 to 2008, it has since registered a sharp decline, reaching 7.8 percent in 2010.

What is also extremely heartening, too, is the fact that the decline in rural India vis-à-vis urban India is now much sharper, and the provinces with high child mortality have shown impressive improvement.

Excellencies, ladies and gentlemen, this remarkable acceleration follows the massive and strategic investment that the Indian government has made under the national rural health mission. Though, health is a state subject in India where the federal government has stepped in to help the state governments in a big way by providing additional funding to the tune of almost \$15 billion U.S. dollars since the launch of the mission in 2005-2006.

Reducing child mortality is one of the topmost goals of this mission, which has significantly fostered plans for child health at not just the national level but also at the sub-national and district level.

The flexible need-based financing under the mission has fostered several innovations across our diverse country. Neonatal deaths remain a cause of worry for us as they constitute 52 percent of our under-5 mortality. Therefore, we are paying utmost attention to saving newborn lives by bringing in a new thrust to the continuum of newborn care at both facility and community level.

Besides ensuring essential newborn care, in all institutions where births take place we are establishing state-of-the-art facilities for care of the sick newborn as important prongs of this strategy. Already, 374 special newborn care units, 1,638 stabilization units and 11,432 newborn care units have been set up and many more are being added – since this scheme is hardly a year-and-a-half old, so we are still in the process of setting up more such units at different levels.

At the community level, a new initiative of home-based newborn care has been rolled out throughout the country. More than 800,000 – 860,000 community health workers positioned in each village of the country under the mission are now being additionally trained to undertake home visits to promote improved newborn care practices and detect early signs of danger for prompt referral to institutions for which free to and from transport will be provided. We believe these steps will yield rich dividends.

Excellencies, addressing deaths on account of pneumonia and diarrhea are expanding and strengthening (rectal ?) immunization are also important elements of our strategy.

We are greatly encouraged by our success in polio. In 2009, India accounted for more than half of the global polio cases. In 2010, we've made special efforts to reach every child using the innovative Bio-Link vaccine developed in India and achieved more than 99 percent to 100 coverage, including in very difficult to reach polio endemic areas.

The rise in scale can be gauged by the fact that nationwide immunization campaign for polio covers about 174 million children of less than 5 years of age in one single round and about

800 million children annually. More than 2.3 million volunteers participate in this massive national effort with about 150,000 supervisors monitoring quality and coverage of the immunization activity.

As a result of the government's commitment to do whatever it takes, there has been no poliomyelitis case during the last 17 months now. I am encouraged by this historical public health achievement.

We are now targeting to eliminate measles-related child deaths and have embarked on a special vaccination drive covering more than 135 million children besides introducing second dose of measles in our national immunization program.

In order to expand the school coverage of immunization, particularly in high-focus areas, year 2012 has been declared as the year of intensification of routine immunization by the government of India.

Excellencies, ladies and gentlemen, the challenge of nutrition is being addressed at the highest levels. The prime minister's nutrition council is working vigorously on the multisectoral plan to improve overall nutritional status particularly of children.

Our efforts to control anemia now encompass adolescent boys and girls in addition to children, pregnant and lactating women. A nationwide program for weekly supplementation of iron and folic acid has recently been initiated. It will cover 130 million adolescents.

Excellencies, I would like to emphasize here that the child cannot be viewed in isolation. Since we all know that safe motherhood is prerequisite for newborn health and that maternal health in turn is impacted by adolescent health, ignoring any one link in this chain can weaken impact and lead to suboptimal outcomes. In recognition of this life cycle approach, we have taken steps to add reproductive sexual health and nutritional needs of our adolescents as means to improve maternal and child health.

Under a unique initiative – probably the first of its kinds, particularly for a country of the size of India – more than 860,000 community health workers are promoting birth spacing in homes through education and door-to-door distribution of contraceptives – both male and female contraceptives. This scheme is a reflection of the commitment of the government of India to provide universal access to family planning communities and services free of cost.

Excellencies, we have had a major success in promoting institutional births with the launch of innovative scheme of providing cash assistance to pregnant women delivering in public health facilities.

Under this scheme, the number of women chosen to access – the number of the pregnant women, as a matter of fact, choosing to access to deliver in public health institutions at primary, community, district and tertiary hospitals rose from 700,000 in 2005-2006 to around 11 million in 2010 and 2011.

Building on the fundamental progress of the safe motherhood scheme, we have added another major intervention in 2011 to eliminate totally out-of-the-pocket expenses for both pregnant women and sick neonates.

Under this new scheme, every pregnant woman is now entitled to absolutely free delivery in public health institutions. Should a pregnant woman choose to access a public health institution for delivery, she's provided free transport to the facility and brought back. Besides the free antenatal and postnatal checkups, this new scheme provides for free diagnosis, free consumables, free medicines, free food during hospital stay, and free cesarean section, and free blood if required. Similar entitlements are also available to the sick newborn up to 30 days after birth.

Excellencies, ladies and gentlemen, public spending on health in India is increasing at a pace not witnessed before, with utmost emphasis being laid on health system standard.

Large-scale creation of physical infrastructure, major augmentation of human resources at all levels, assured drugs, supplies of logistics, mobile medical units to take health service to remotest areas and mainstreaming of Indian system of medicines are among key achievements under the nation's rural health mission.

Following these investments, greater accountability for results is now a key priority. One example is the name, telephone and address-based mother and child tracking system which has been put in place to ensure and monitor timely delivery of full complement of services to pregnant women and children, including immunization. As of now, 30 million pregnant women and children are already registered in the web-enabled system and are being closely monitored by the federal ministry, government of India. Our goal is to reach every woman, every child.

Excellencies, vaccines and drugs manufactured in India have had a far reaching impact not only improving the global access, on life-saving interventions, but also on dramatically reducing the cost by making high-quality drugs and vaccines highly affordable.

It is a matter of great pride and satisfaction that two out of every three children in the world receive an Indian vaccine in the case of measles and DPT. Meningococcal vaccine produced in India has saved many lives in Africa that are the most affordable cost of merely 50 cents. In many developing and developed countries, antiviral HIV drugs supplied by India have transformed the quality of lives of millions of people living with HIV/AIDS. Women and children facing the suffering of TB from across the globe have been benefited greatly and anti-TB drugs made in India.

Excellencies, ladies and gentlemen; today, in this August gathering I would like to assure you that India shall remain in the forefront of the global war against child mortality. India shall raise global awareness of child survival challenge and strategies; shall assess in preparing a global roadmap to end preventable child deaths in a generation; shall do its utmost to reduce maternal and child mortality and morbidity; shall focus on special requirements of vulnerable and marginalized groups, particularly children; and shall give an urgent priority to convergence of health and child services under universal health coverage.

I will personally be advocating this worthy cause at all fora including the upcoming BRICS conference being held at New Delhi in 2012. For – (inaudible) – of the Partners of Population Development, an alliance of 25 countries, India will strive for increase also cooperation on child survival as well.

Let me once again, excellencies, ladies and gentlemen, thank you for this opportunity to renew India's commitment to child survival. I thank you.